MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-045668
STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 25

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1070
2 1070
3 2
4 0
5 1
6
7 0
8 2
9 4 20.1
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11
12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

FILED DEC 4 1962

1. a. COUNTY Texas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cabool — Length of stay in 1b: lifelong

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Cabool — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Ozark Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Orville Middle Guy Last Laws

4. DATE OF DEATH: Month 11 Day 29 Year 62

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/21/1895

9. AGE (last birthday): 67

IF UNDER 1 YEAR / IF UNDER 24 HR — Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad & Stockman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Texas County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Calvin Laws

13b. MOTHER'S MAIDEN NAME: Viva Warren

14. NAME OF HUSBAND OR WIFE: Ida A. Laws

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Ida A. Laws, Cabool, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis — UNKNOWN
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/19/56, to 11/24/62 and last saw her/him alive on 11/29/62
Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Spears M.D.

22b. ADDRESS: Cabool, Mo

22c. DATE SIGNED: 11/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 12/2/1962

23c. NAME OF CEMETERY OR CREMATORY: Cabool Cemetery

23d. LOCATION (City, town, or county) (State): Cabool, Mo.

24. FUNERAL DIRECTOR ADDRESS: Elliott-Gentry Funeral Home, Cabool, Mo.

25. DATE RECD. BY LOCAL REG.: 11-30-62

26. REGISTRAR'S SIGNATURE: Bapsell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1962

DEC 18 1962

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James L. Gentry

Licensed Embalmer No. 1478

P. O. Address Cabool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.